

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ph</i>	<i>6801</i>	<i>9/22/00</i>
O.I.P.E. CLASSIFIER	<i>JWC</i>		<i>10/11</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>KD</i>	<i>68972</i>	<i>11/21/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/13/03
2	✓	✓	12/20/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy